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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019550** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4		3					54						
5		3					55						
6		1					56						
7		1					57						
8		1					58						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	14	→		→		→	TOTAL DEP.		→		→		→
TOTAL CLAIMS	15						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

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U.S. DEPARTMENT OF COMMERCE
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